

**Kentucky Walking Horse
Association (KWAH)
897 Osborne Rd
Brodhead, KY 40409**



2022 Affiliation Application

Name of Show _____

Date of Show _____ Starting Time _____

Location of Show _____

Sponsoring Organization _____

Show Manager
Name _____

Address _____

City, State, Zip _____

Phone _____

Alt. Phone _____

E-Mail _____

Show Secretary
Name _____

Address _____

City, State, Zip _____

Phone _____

Alt. Phone _____

E-Mail _____

- I/We agree to abide by the rules of the KWAH.
- I/We agree to affiliate with _____ HIO which is recognized by the USDA. I/We further agree to honor the assigned DQP(s). The DQP(s) will relieve the sponsoring organization of liability per The Horse Protection Act.
- I/We agree to submit to the KWAH, within 14 days following the date of the show, to the association, a copy of ALL class sheets with the judge's decision indicated. The name of the class and the show must appear on each class sheet.
- I/We submit this application to affiliate this horse show with the KWAH.

Signature _____ Date _____

_____ Enclosed with this application is the \$50.00 affiliation application fee made payable to KWAH.

_____ Enclosed is a copy of the official class sheet.

Application may be mailed to above address or emailed to kwha.affiliation@gmail.com

For more information, or any questions you may have please call KWAH President at 859-576-8433